

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90224 039 \*\*\*150.00

**DOCUMENT # P03000068400**

1. Entity Name

**EVERGREEN INVESTMENT & PROPERTY  
MANAGEMENT, INC.**



Principal Place of Business

**2004 NORTHEAST 49TH STREET  
FORT LAUDERDALE, FL 33308 US**

Mailing Address

**2004 NORTHEAST 49TH STREET  
SUITE #4  
FORT LAUDERDALE, FL 33308 US**



03272008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**55-0838913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARTOLOME, ELMO V  
2004 NORTHEAST 49TH STREET  
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME BARTOLOME, ELMO V  
STREET ADDRESS 2004 NORTHEAST 49TH STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VS  
NAME BARTOLOME, DELILAH  
STREET ADDRESS 2004 NORTHEAST 49TH STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D  
NAME BARTOLOME, CEASAR  
STREET ADDRESS 2004 NORTHEAST 49TH STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR

*Elmo Bartolome, Pres* 4/25/08

Date

Daytime Phone #